



**Residential  
Electrical Permit Application**

**City of Maple Grove  
Fax 763-494-6417 ~ Phone 763-494-6060  
P.O. Box 1180 Maple Grove, MN 55311**

**For Office Use Only**

Permit # \_\_\_\_\_

Permit Cost \_\_\_\_\_

Received \_\_\_\_\_

**Applicable Code: 2014 National Electrical Code**

**Job Site Address:** \_\_\_\_\_

**PROPERTY OWNER**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**CONTRACTOR**

**Company Name:** \_\_\_\_\_

**EA License #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Office Phone #:** \_\_\_\_\_

**Specific description of work:** \_\_\_\_\_

\_\_\_\_\_

**PRINCIPAL USE OF STRUCTURE**

☐ Single Family ☐ Two Family ☐ Town House – separate permit required for each townhouse unit.

I hereby apply for an electrical permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

☐ I AM THE HOMEOWNER APPLYING FOR THIS ELECTRICAL PERMIT. An owner may physically perform electrical work only on premises owned and actually occupied as a residence. MS326B.31

**Beware of Unlisted Electrical Equipment**

Minnesota Rules 3801.3619 and 3801.3620 and OSHA detail requirements for electrical equipment. Failure to comply can delay your project. We are unable to conduct final inspections or issue the Certificate of Occupancy when unlisted electrical equipment is involved.

Signature \_\_\_\_\_ Date \_\_\_\_\_

One- and Two-Family Dwelling and Townhouse Electrical Inspection Fee Worksheet			
Item Description		Fee	Total
<b>A</b>	Services – New, temporary, panel changes, panel additions, alteration, repair or upgrade <u>when not included with other work</u>	\$36	
<b>B</b>	New One- or Two-Family Dwelling or Townhouse – <b>Includes <u>service</u> and lower level rough-in w/unfinished basement</b>	\$151/dwelling unit	
<b>C</b>	New One- or Two-Family Dwelling or Townhouse – <b>Includes <u>service</u> and lower level finished basement</b>	\$176/dwelling unit	
<b>D</b>	Dwelling additions, alterations, remodeling, repairs, basement finishes, porches, sun rooms, decks, patios, accessory structures, in-floor heat, <b>solar panels</b>	\$76	
<b>E</b>	Off peak devices, furnace, AC, temp Svc, fireplace, fixture reconnection; or other work where structure is <b>NOT</b> being altered	\$36	
<b>F</b>	Generator	\$76	
<b>G</b>	Separate bonding inspection	\$35/inspection plus \$1 surcharge	
<b>H</b>	In-ground swimming pools	\$106	
<b>I</b>	Above ground swimming pools	\$76	
<b>Total - Note: All above fees include the state surcharge</b>			\$

## WE ACCEPT MASTERCARD, VISA, DISCOVER, and AMEX FOR PERMIT FEES TOTALING LESS THAN \$2000

**This information will be destroyed after the permit has been processed.**

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to you and to those people necessary to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

To Pay By Credit Card  MasterCard Visa, Discover, or AMEX	Name as it appears on card: _____
	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Discover <input checked="" type="checkbox"/> AMEX Expiration
	Date: ____/____/____
	Account Number: _____
	CVC # _____
	Signature: _____ Date: _____
	Billing Address: _____
City: _____ State: _____ Zip Code _____	

***Notice: Faxed applications will be processed within 24 hours of receipt of application and NOT processed without credit card information completed.***